

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEF		IND		DEF	
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF	IND	DEF
1							51								
2							52								
3							53								
4							54								
5							55								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓		↓	
TOTAL DEF.	↓		↓		↓		TOTAL DEF.	↓		↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓		↓		↓		↓	